

2015 MEMBERSHIP APPLICATION



100 Mill Plain Road, 3rd Fl.
Danbury, CT 06811 USA
Phone: Toll-free: 800.242.4363 (U.S.) or visit
www.aiche.org/phone (outside U.S.)
to obtain your country's number.
Fax: 203.775.5177
Email: customerservice@aiiche.org
Web: www.aiche.org/diers

1. PROVIDE APPLICANT INFORMATION

I prefer to have my DIERS materials sent to my ☐ Home ☐ Office

Name _____

Title _____ Company/Organization _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Bus. Tel. _____ Home Tel. _____ Cell Tel. _____ Fax _____

E-mail _____ Date of Birth ____/____/____ Gender ☐ F ☐ M

2. INDICATE YOUR ACADEMIC TRAINING

Name of College or University	Degree	Major	Date of Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. MEMBERSHIP DUES

- ☐ Professional Member: \$75
☐ Professional Member of AIChE: \$25 AIChE Member Number: _____
☐ Graduate Student Member: \$75
☐ Graduate Student Member of AIChE: \$25 AIChE Member Number: _____

4. CHECK YOUR METHOD OF PAYMENT

- ☐ **Check enclosed** (US \$ drawn on a US Bank, made out to AIChE)
☐ **Credit Card**
☐ MasterCard ☐ VISA ☐ American Express
☐ Diners Club ☐ Discover

TOTAL \$ _____

Card Number _____

Exp. Date _____

Print Card Holder's Name _____

Card Holder's Signature _____

I, the undersigned, attest that the statements I have given are true.

Signed _____ Date _____